



# Outdoor Experience - Participant Medical Form



**PLEASE PRINT**

Name of Group:		Location:		Date:	
Name:			Address:		
City:		State:	Zip:	Phone:	
Email Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Height:	Weight:
Contact in case of an emergency:		Relationship:		Emergency Contact's Phone #:	
Health Insurance Company:			Policy #:		

Do you have any special dietary needs?  Yes  No If yes, explain: \_\_\_\_\_

Please indicate if you are allergic to any of the following:

- Bee stings  Yes  No If yes, how do you react? \_\_\_\_\_
- Insect Bites  Yes  No If yes, how do you react? \_\_\_\_\_
- Food  Yes  No If yes, please list foods: \_\_\_\_\_
- Poison Ivy  Yes  No If yes, how do you react? \_\_\_\_\_
- Other Plants  Yes  No If yes, please list plants: \_\_\_\_\_
- Medications  Yes  No If yes, please list medications: \_\_\_\_\_

What medications do you carry for allergic reactions? \_\_\_\_\_

Are you currently suffering from any illness, injury, physical, medical, or emotional condition that could affect your participation?  Yes  No If yes, explain: \_\_\_\_\_

Please list all medications you are currently taking and purpose \_\_\_\_\_

### Medical History

Do you or have you had the following conditions?

- Dizziness, loss of consciousness, recurring headaches  Yes  No
- Chest pain, shortness of breath, heart disease, high/low blood pressure  Yes  No
- History of diabetes, hypoglycemia  Yes  No
- Depression, anxiety, nervousness  Yes  No
- Hernia, fracture, dislocation, sprain, injury  Yes  No
- Surgeries  Yes  No

If you checked yes to any of the above, please explain: \_\_\_\_\_

Are you currently pregnant?  Yes  No

*I certify that this form is a complete and accurate statement of my health and that I have listed any conditions that may prevent me from fully participating. I understand that I am solely responsible for providing my own health insurance and for all medical expenses related to my participation in Cool Edge' programs. In the event of a medical emergency, I grant my permission for any medical care which might become necessary. (\*If participant is under 18 years old, the undersigned parent or legal guardian authorizes participation by minor, and acknowledges agreement and acceptance to all terms of this agreement.)*

Signature of Participant or Parent/Legal Guardian\*

Date



# Outdoor Experience - Informed Consent and Release Agreement



Participant Name: \_\_\_\_\_ Group: \_\_\_\_\_ Program Date: \_\_\_\_\_

In consideration of the services of Competitive Edge, Inc. and Cool Spring Center, Inc., their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "**Cool Edge**"), I hereby agree to release and discharge **Cool Edge**, on behalf of myself, my children, parents, heirs, assigns, personal representatives and estate, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in **Cool Edge** programming.

Although **Cool Edge** has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that participation in **Cool Edge** activities presents known and unanticipated risks inherent in outdoor team building activities including, but not limited to, environmental risks and physical activity that may result in property damage, physical injury or death. I acknowledge these risks may include, but are not limited to, hazards of traveling by foot or vehicle to and from the event; physical exertion and stress associated with the activities; falling tree limbs or other objects, collision with the ground, boards, other people, trees, and other objects in the vicinity of the event; tripping, being dropped; injuries inflicted by animals, insects, or plants; adverse weather conditions that may change without notice including, but not limited to, lightning, rain, hail, high wind, and other weather conditions. Possible injuries and illnesses may include, but are not limited to, bruises, abrasions, loss of consciousness, hypothermia, frostbite, sunburn, heatstroke or exhaustion, dehydration, allergy symptoms, loss of wind, splinters and rope burns, cramps or injury to muscles, ligaments, tendons, and joints such as shoulder, rotator cuff, arms, lower back, knees, legs, ankles, broken bones, heart disorders, stroke or paralysis.

I voluntarily consent to participate in **Cool Edge** programming. I acknowledge and understand that it is my sole responsibility to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and well being. I understand that it is solely my responsibility to maintain insurance, and to seek and receive medical evaluation and treatment for any symptoms that may arise out of or are related to my participation. I further agree to abide by all laws and **Cool Edge** policies and procedures.

I understand that photographs and video recordings are often made of **Cool Edge** events. By signing below, I voluntarily grant to **Cool Edge**, and its advertisers and agents, the right to record and use my name, image, and statements in any medium for educational or promotional purposes, consistent with the mission of **Cool Edge**. I agree that all rights to the sound, still or moving images belong to **Cool Edge**, and I voluntarily hereby waive the right to inspect or approve such images. I understand that these images may be used on the website belonging to **Cool Edge** and its partners, and in print and broadcast media.

In consideration of all of the notices contained herein, it is my express desire to participate in **Cool Edge's** programming at my own risk. In consideration of my participation in the activities and use of its facilities and equipment, I hereby voluntarily release, hold harmless, and forever discharge **Cool Edge** and its officers, agents, employees, volunteers, and successors, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in **Cool Edge** programming. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions. I understand that I may be giving up legal rights and/or remedies to which I may otherwise be entitled. I understand and agree that this agreement will be construed and governed by North Carolina law and any dispute hereunder shall be resolved in a court of competent jurisdiction in North Carolina. I certify that I am at least 18 years of age, or if participant is a minor, that I am his/her parent or legal guardian, and that I authorize participation by the minor, and I acknowledge agreement and acceptance to all terms of this agreement.

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Legal Guardian Name, if applicable